



JOY JACOBSON

Personal Information:

Name: _____

Date of Birth: ____/____/____

Address: _____

Phone: _____

City/State/Zip:

Email Address:

Emergency Contact Person:

Emergency phone: _____ Relationship to emergency
contact: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program with Joy Jacobson and Embodied Fitness and Wellness may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release Joy Jacobson and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature:

Date: ____/____/____

By signing this, I also acknowledge that Joy Jacobson will maintain a 24-hour cancellation policy, and that any appointment cancellations occurring within 24 hours of said appointment will result in the participant being charged the full amount of the cancelled session.